

## STANDARD APPLICATION FORM FOR LAND DISTURBING ACTIVITIES STORMWATER PERMITTING

## RECEIVED

## **SECTION 1 - Administrative Information** (To Be Completed By All Applicants)

	(10 De Completed Dy All Ap	phoants			
Dat	e: ( <b>MM/DD/YYYY</b> ) <u>08/25/2005</u>			MAY 1 7 2006	
١.	Facility or project name: Cox Ferry De	velopment		DHEC-OCR	
	County: Horry		/Town: Conway	PITEC-UCK	
	Location (also shown on location map):	0.7 mile Fast of US Hung 50	1	CHAPLESTON OFFI	
		Longitude: 7	8 59' 52"		
	Tax map #: 151-00-04-008	Longitude: 7	ed Name: Nixonville		
		0000 000	dividitie.		
	Nearest receiving water body: South Pr	rong		<u> </u>	
	Distance to nearest receiving water bod	y: 1.1 mile straight line	·		
	Ultimate receiving water body: Waccama	aw River (2.0 miles straight li	ne)		
	And there are southered to the discount of				
	Are there any wetlands located on the p	roperty? <u>ves</u> If yes, I	nave they been delineated?	yes	
	Are any federally jurisdictional wetlands	being impacted by this project	? <u>no</u> if yes, has a Corp	s permit been issued?	
	Corps permit #: Are an	y rederally non-jurisdictional	(state) wetlands being imp	pacted by this project? yes	
	What is the total acreage of federally jur On an 8 1/2" X 11" copy of a site plan ind	isolctional and state wetland in	npacts?(Jur	is.) <u>10.32              (</u> Non-juris.)	
	Official of 22 X 11 Copy of a size plant inco	icale the wetland impacts and	the proposed mitigation.		
	Are there any existing flooding problems	in the downstream watershed	? <u>no</u>		
	Droporty ourse of mounty Family 1 inside	an a sa			
	Property owner of record: Family Limite	d Partnership	0		
	Address: 152 Waccamaw Medical Pari	K Court City: Conway	State: South Car	olina Zip: 29526	
	Phone (day): <u>(843) 234-5555</u>	(night): <u>(843) 397-3985</u>	(fax):	<del></del>	
	Person financially responsible for the land disturbing activity: Family Limited Partnership (if different than above)				
	Acidress: 152 Waccamaw Medical Park	Court City: Conway	State: South Car	rolina Zip:29526	
	Phone (day): <u>(843) 234-5555</u>	(night): (843) 397-3985	(fax):		
	Agent or day-to-day contact (if applicat	ole): <u>Jimmy Jordan</u>			
	Address: 152 Waccamaw Medical Park	Court City: Conway	State: <u>SC</u>	Zip: <u>29526</u>	
	Phone (day): <u>(843)</u> 702-5555	(night):	(fax):		
	Plan preparer, engineer, or technical re	nmeentative: Castle Cancult	ing Engineers Inc		
	Address: 2411 Oak Street Suite 304	City Mystle Dooch	ing Engineers, inc.	7:00577	
	Address: 2411 Oak Street, Suite 304	City: Myrue Beach	State: South Car		
	Phone (day): <u>(843) 448-0910</u>	(night):	(fax): <u>(843) 448</u>	-0969	
	Contractor or operator (if known): Unkn	365-0187			
	Address:	City	State:	Zin	
	Address: Phone (day):	(night):	State	Zip	
	(52).	(1119111).	(IBA)	· · · · · · · · · · · · · · · · · · ·	
	Size, total (acres): 64.94	Surface area of lan	d disturbance (acres): 60.	00	
	Start date:(MM/DD/YYYY) 01/01/2006	Completion	date:( <i>MM/DD/3333</i> 1) <u>01/</u> (	J1/2007	
C7	ION 2A - For Projects That Disturb Le	ess Than One /1\ Acre Whi	h Am Not Part of a Larre	er Common Plan for	
ve	opment or Sale and Which Are Not L	ocated Within ½ Mile of a R	Receiving Waterbody in t	he Coastal Counties	
	and the second s		•		
	Description of control plan to be used d	uring construction. (Must also	be shown on plan sheets	s or sketch drawing):	
-					

fee may be required.

13. For this form to be complete, the applicant must sign item 23.

	t of a Larger Common Plan for Development or Sale terbody in the Coastal Counties (See Special Requin	ements for Coastal Zone Projects on Instructions Sheet)
14.		tion. (Must also be shown on plan sheets or sketch drawing): engineer, tier b land surveyor, or a landscape architect
,		
15.	Fee: \$125 NPDES General Permit coverage fee appli	es, exempt from state review fee.
6.	SIC code:	is the site located on Indian lands?
7.	For this form to be complete, the applicant must sign	tems 23 and 24 and the plan preparer must sign item 25.
EC lar	TION 2C - For Projects Disturbing More Than Two (2 i for Development or Sale	2) Acres and/or Projects That Are a Part of a Larger Common
8.	and beneat a resident activities the big of activities if of a	
	If yes, what is the state permit number for the previous a	oprovai?
	What is the NPDES permit coverage number?  Has a Notice of Termination (NOT) been submitted for the	a NRDES permit coverage?
	The a reduce of restimation (1401) been subtitude for an	e M. DEG beillik coverage:
9.	The stormwater management and sediment and erosion engineer, tier b land surveyor, or a landscape architect.	control plan for projects of this size must be prepared by a profession
٥.	SIC code: <u>1522/1542</u>	is the site located on Indian lands? no
i.	Type of project and fees (please choose the type of activ	(fv/)·
	a. Federal - State - Local - School (exempt from S	
	<ul> <li>b. Industrial - Commercial - Residential - Part of a</li> </ul>	larger common plan for development or sale
		tate fee per project PLUS \$125 NPDES permit fee.]
	Project Type: Commercial/residential	Fee: \$2,125.00
		ree. <u>42,120.00</u>
. Fc	or this form to be complete, the applicant must sign items 2	-h /
	or this form to be complete, the applicant must sign items 2 FION 3 - Signatures and Certifications	
EC.	FION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing a on site inspections during the course of construction at the land disturbing activity.	23 and 24 and the plan preparer must sign item 25.  associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of
EC.	I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing a on site inspections during the course of construction as the land disturbing activity.  Jimmy Jordan	23 and 24 and the plan preparer must sign item 25.  associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of the perform maintenance inspections following the completion of
EC.	FION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing a on site inspections during the course of construction at the land disturbing activity.	23 and 24 and the plan preparer must sign item 25.  associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of
EC'	I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing a on site inspections during the course of construction at the land disturbing activity.  Jimmy Jordan Printed Name Owner/Person Financially Responsible I certify under penalty of law that I have personally exalphication and all attachments and that, based on my	associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of the perform maintenance inspections following the completion of the performance inspections following the completion of the person Financially Responsible mined and am familiar with the information submitted in this inquiry of those persons immediately responsible for obtaining the information is true, accurate and complete. I am aware that the
EC'	I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing at on site inspections during the course of construction at the land disturbing activity.  Jimmy Jordan  Printed Name  Owner/Person Financially Responsible  I certify under penalty of law that I have personally exall application and all attachments and that, based on my information contained in the application, I believe that the are significant penalties for submitting false information.	associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of the perform maintenance inspections following the completion of the performance inspections following the completion of the performance inspections following the completion of the person Financially Responsible mined and am familiar with the information submitted in this inquiry of those persons immediately responsible for obtaining the information is true, accurate and complete. I am aware that the
EC'	I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing at on site inspections during the course of construction at the land disturbing activity.  Jimmy Jordan  Printed Name  Owner/Person Financially Responsible  I certify under penalty of law that I have personally exal application and all attachments and that, based on my information contained in the application, I believe that the are significant penalties for submitting false information.  Jimmy Jordan  Printed Name	associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of a to perform maintenance inspections following the completion of Signature  Signature  The information is true, accurate and complete. I am aware that the information is true, accurate and imprisonment.
EC'	I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing at on site inspections during the course of construction at the land disturbing activity.  Jimmy Jordan  Printed Name  Owner/Person Financially Responsible  I certify under penalty of law that I have personally exall application and all attachments and that, based on my information contained in the application, I believe that the are significant penalties for submitting false information.	associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of the performal maintenance inspections following the completion of the performance inspections following the completion of the person Financially Responsible mined and am familiar with the information submitted in this inquiry of those persons immediately responsible for obtaining the information is true, accurate and complete. I am aware that the
EC'	I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing a on site inspections during the course of construction at the land disturbing activity.  Jimmy Jordan Printed Name Owner/Person Financially Responsible I certify under penalty of law that I have personally exal application and all attachments and that, based on my information contained in the application, I believe that the are significant penalties for submitting false information.  Jimmy Jordan Printed Name Owner/Person Financially Responsible  Designer Certification - One copy of the plans, all specific herewith submitted and made a part of this application, submitted signifying that I accept responsibility for the composition of the control of the contr	associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of ad to perform maintenance inspections following the completion of the person Financially Responsible mined and am familiar with the information submitted in this inquiry of those persons immediately responsible for obtaining the information is true, accurate and complete. I arm aware that the including the possibility of fine and imprisonment.  Signature  Owner/Ferson Financially Responsible  fications and supporting calculations, forms, and reports are I have placed my signature and seal on the design documents lesign of the system. Further, I certify to the best of my knowledgments of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as
EC'	I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing a on site inspections during the course of construction at the land disturbing activity.  Jimmy Jordan  Printed Name Owner/Person Financially Responsible I certify under penalty of law that I have personally exal application and all attachments and that, based on my information contained in the application, I believe that the are significant penalties for submitting false information.  Jimmy Jordan  Printed Name Owner/Person Financially Responsible  Designer Certification - One copy of the plans, all specific herewith submitted and made a part of this application, submitted signifying that I accept responsibility for the cand belief that the design is consistent with the required	associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of ad to perform maintenance inspections following the completion of the persons in the information submitted in this inquiry of those persons immediately responsible for obtaining the information is true, accurate and complete. I am aware that the information is true, accurate and complete. I am aware that the including the possibility of fine and imprisonment.  Signature Owien/Ferson Financially Responsible fications and supporting calculations, forms, and reports are I have placed my signature and seal on the design documents lesign of the system. Further, I certify to the best of my knowledgments of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as its of plans are required for final approval.)
EC*	I hereby certify that all land disturbing construction and pursuant to and in keeping with the terms and condition will be assigned to the project for day-to-day control. I Environmental Control and/or the local implementing a on site inspections during the course of construction at the land disturbing activity.  Jimmy Jordan  Printed Name Owner/Person Financially Responsible I certify under penalty of law that I have personally exal application and all attachments and that, based on my information contained in the application, I believe that the are significant penalties for submitting false information.  Jimmy Jordan  Printed Name Owner/Person Financially Responsible  Designer Certification - One copy of the plans, all specific herewith submitted and made a part of this application, submitted signifying that I accept responsibility for the cand belief that the design is consistent with the required	associated activity pertaining to this site shall be accomplished as of the approved plans. I also certify that a responsible person hereby grant authorization to the Department of Health and gency the right of access to the site at all times for the purpose of the performance inspections following the completion of the person Financially Responsible mined and am familiar with the information submitted in this inquiry of those persons immediately responsible for obtaining the information is true, accurate and complete. I am aware that the including the possibility of fine and imprisonment.  Signature  Owner/Ferson Financially Responsible  fications and supporting calculations, forms, and reports are I have placed my signature and seal on the design documents lesign of the system. Further, I certify to the best of my knowledgments of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as



